

L10000128987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600188706046

12/16/10--01017--010 \*\*160.00

EFFECTIVE DATE

12/11/10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 DEC 16 AM 10:09

N. Culligan DEC 17 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AKX4 FUNDING LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALI KAMALZADEH

Name of Person

AKX4 FUNDING LLC

Firm/Company

1600 SLASH PINE PLACE

Address

OVIEDO, FLORIDA 32765

City/State and Zip Code

AKX4FUNDING@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALI KAMALZADEH

Name of Person

at ( 954 ) 246-3528

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**AKX4 FUNDING LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

1600 SLASH PINE PLACE  
OVIEDO, FLORIDA 32765

#### Mailing Address:

1600 SLASH PINE PLACE  
OVIEDO, FLORIDA 32765

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**ALI KAMALZADEH**

Name

**1600 SLASH PINE PLACE**

Florida street address (P.O. Box **NOT** acceptable)

**OVIEDO**

**FL 32765**

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 DEC 16 AM 10:09

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MANAGER

ALI KAMALZADEH  
1600 SLASH PINE PLACE  
OVIDO, FLORIDA 32765

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/11/2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**ALI KAMALZADEH**

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
70 DEC 16 AM 10:09

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**